



Food & Beverage Tax Return

Pursuant to the City of Waukegan Ordinance #11-O-28

Return for the Month and Year of: _____

Name of Establishment: _____

Address (Waukegan Physical Location):

1. Gross receipts from the sale of prepared food
and alcoholic beverages exclusive of all taxes: _____
2. Deductions (please include detailed Deductions List) _____
3. Taxable Amount (Line 1 - Line 2) _____
4. Total Tax Due (Line 3 x 1%): _____
5. If filed after due date, add 5% penalty* (Line 4 x 5%): _____
6. Total Amount Due to the City (Lines 4 + 5): _____

Is the required copy of the State of Illinois Sales Tax Return Form ST-1 attached? _____
If not, please explain: _____

* Tax is due on or before the 20th of the month after incurrence, i.e., January returns and tax remittance is due on or before February 20th.

Failure to accurately and timely report and remit Food & Beverage Tax may result in penalties, including, but not limited to, fines and legal proceedings.

I hereby affirm that the statements herein contained are true and correct to the best of my knowledge and belief:

Signature of Authorized Official & Date

Print Name & Title of Official

Signature of Preparer & Date

Print Name & Title of Preparer

Telephone Number of Preparer

Mailing Address of Preparer

Remit to: The City of Waukegan
Attn: Licensing Department
100 N. Martin Luther King Jr., Avenue
Waukegan, IL 60085

Email or FAX FoodBeverageTax@ci.waukegan.il.us FAX: 847-599-2584

Form FB1